Appendix C: Quality Counseling Handouts

The following handouts are included in the Toolkit for Training Staff and may be particularly helpful references for all staff to review, either as an introduction to key quality contraceptive counseling skills and strategies, or as a follow-up reference to reinforce training activities.

- Principles for Providing Quality Counseling
- Contraceptive Counseling Process Guide
- OARS Model: Essential Communication Skills
- Birth Control Method Options Chart
- Training Tools — Explaining Contraception
- Seven Strategies for Effective Education
- How Do I Choose?
- Conducting a Sexual Health Assessment
- Interactive Contraceptive Counseling and Education
Principles for Providing Quality Counseling

Counseling is a process that enables your client to make and follow through on decisions. Education is an integral component of the counseling process that helps clients make informed decisions. Providing quality counseling is an essential component of client-centered care.

Your client is the primary focus when providing counseling related to reproductive and sexual health decision making about preventing or achieving pregnancy and supporting healthy behaviors. Using client-centered skills, you tailor the interactive counseling and educational encounter to meet the unique and culturally appropriate needs of your client.

**PRINCIPLE 1:**
Establish and maintain rapport with the client

▶ Create a welcoming environment — greet the client warmly, show you care. Listen to and engage your client by asking open-ended questions. Explain privacy and confidentiality to help build a climate of safety and trust that will encourage questions at every stage of the client encounter.

**PRINCIPLE 2:**
Assess the client’s needs and personalize discussions accordingly

▶ Tailor your questions and conversation so that your client’s clinical needs, personal life considerations and psychological concerns are integrated into important education and decision making discussion.

**PRINCIPLE 3:**
Work with the client interactively to establish a plan

▶ Address your client’s personal goals by interactively exploring decision making and readiness for behavior change if needed. Help establish a plan that will allow the client to achieve personal goals.

**PRINCIPLE 4:**
Provide information that can be understood and retained by the client

▶ Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental and in accordance with your client’s plan at this time in her or his life.

**PRINCIPLE 5:**
Confirm client understanding

▶ Use an interactive teach-back process to give your client an opportunity to say — in his or her own words — the important information shared during the encounter. The goal of using a teach-back approach is to clarify any client misunderstandings to ensure your client’s success in their reproductive health choices.

Source: Providing Quality Family Planning Services: Recommendations of CDC and the U. S. Office of Population Affairs, 2014; Appendix C
## Process

### Beginning (and throughout)

#### Establish and maintain rapport with the client
- Warmly greet the client by name and introduce yourself
- Be genuine, showing respect and empathy
- Ask about the client’s reason(s) for today’s visit, plan and prioritize visit
- Explain private and confidential services
- Ask open-ended questions
- Respectfully affirm what you see and hear (showing interest, support and cultural awareness)
- Show that you care by listening (verbally and non-verbally)
- Reflect on what you observe and hear, to gain a deeper understanding
- Summarize key points throughout with a focus on the client’s goals
- If using EMR, position the monitor to keep eye contact

### Middle

#### Assess the client’s needs and personalize discussions accordingly
- Review and update the medical, sexual and social history
- Explore client preferences regarding method characteristics: frequency of use, effectiveness, how to use, menstrual changes, side effects, and benefits
- Ask about client knowledge and experience with birth control methods
- Address pregnancy and parenting intention/ambivalence along with STD/ HIV protection
- Respectfully explore client beliefs and feelings, including ethnic, cultural, and/or individual factors that may be relevant to their birth control method decisions and method use

#### Work with the client interactively to establish a birth control method plan
- Ask open-ended questions about concerns or possible barriers relevant to method choice
- Explore the client’s method preferences, and if appropriate, offer additional information about the most effective methods
- Help the client to optimize method choice by assisting the client in aligning their preferences with their method selection
- Reflect back important thoughts or feelings you hear from the client and/or feelings you sense from the discussion
- Clarify partner involvement and the role of others who may be important to the client’s decision making and method use
- Affirm and support the decision making process with a respectful, nonjudgmental approach in helping the client make a plan

#### Provide information that can be understood and retained by the client
- Provide balanced, unbiased, tailored information about method characteristics in an interactive conversation
- Provide accurate information (correct use, effectiveness, benefits, side effects, potential risks, STD/HIV protection)
- Use clear, understandable words, images, materials, models and/or sample methods
- Use numbers and comparisons that are easy to understand
- Assess and address myths and misinformation in a respectful and affirming way
- Include information about STD protection and emergency contraception

### Closing

#### Confirm client understanding
- Ask the client to tell and show what was learned (teach-back) and provide additional information, as needed
- Address any possible barriers to a successful plan and method use
- Confirm the client’s plan for correct method use and follow-up, including what to do if dissatisfied with the method, back-up method, and emergency contraception, as needed
- Provide contact information and future opportunities for follow up, other methods or services
- Summarize with key points and provide a friendly close
OARS Model: Essential Communication Skills

OARS is a skills-based, client-centered model of interactive techniques. These skills include verbal and non-verbal responses and behaviors that need to be culturally sensitive and appropriate. This model integrates the five principles of providing quality counseling from the QFP recommendations. Using these skills will help establish and maintain rapport with your client, assess your client's needs, and personalize your counseling and education responses.

**OPEN-ENDED QUESTIONS**

- Establish a safe environment and help to build rapport and a trusting and respectful professional relationship.
- Explore, clarify and gain an understanding of your client's world.
- Learn about your client's experiences, thoughts, feelings, beliefs, and hopes for the future.

You may ask:

- What... brings you to the clinic today?
- When... if ever, might you want to be a parent?
- Where... will you get the support you need?
- Who... have you talked to about birth control?
- How... have you made decisions before about birth control?
- Tell me more about...?

**AFFIRMING**

- Build rapport, demonstrate empathy, and affirm your client's strengths and abilities.
- Build on your client's level of self-efficacy and share a belief that they can be responsible for their own decisions and life choices.

You may ask:

- It's great that you are here today. It's not always easy...
- It sounds like you've been really thoughtful about your decision.
- You're really trying hard to...
- It seems like you are really good at...
REFLECTIVE LISTENING

- Listen to your client to help you gain a deeper understanding of their life.
- Listen, observe, and share (reflect on) your own perceptions of what your client shares.
- Reflect on the words that they use — *You say you really don’t want to be pregnant right now.*
- Reflect on behavior and feelings — *You have tears in your eyes and you sound sad…*
- Your client gains an opportunity to “hear” your experience of what was shared reflected back to them.

You can reflect words, emotions, and/or behaviors:

(Reflecting words) Some of what I heard you say…

(Reflecting emotions) You seem [to be feeling]…

✓ sad
✓ frustrated
✓ excited
✓ angry

(Reflecting behavior) I noticed…

✓ tears in your eyes…
✓ your voice sounds shaky…
✓ you smiled when you said that…

SUMMARIZING

- Help move the conversation from the beginning, through the middle, to closing.
- Check that you are understanding your client’s goals and preferences.
- Confirm that your client has an understanding of the key elements of a plan.

Summarizing can be demonstrated in three ways:

✓ A collective summary — So let’s go over what we have talked about so far.
✓ A linking summary — A minute ago you said you wanted to talk to your partner… Would you like to talk more about how you might try?
✓ A transitional summary to close — So you’ve just described your plan. We’re always here to help in any way. What other questions do you have before you leave today?
## Birth Control Method Options

<table>
<thead>
<tr>
<th>Method Type</th>
<th>Most Effective</th>
<th>Least Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female Sterilization</strong></td>
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<tr>
<td><strong>Male Sterilization</strong></td>
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<td><strong>IUD</strong></td>
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<td><strong>Implant</strong></td>
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<td><strong>Injectables</strong></td>
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<td><strong>Pill</strong></td>
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<td><strong>Patch</strong></td>
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<td><strong>Diaphragm</strong></td>
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<td><strong>Male Condom</strong></td>
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<td><strong>Female Condom</strong></td>
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<td><strong>Withdrawal</strong></td>
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<td><strong>Sponge</strong></td>
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<tr>
<td><strong>Fertility Awareness Based Methods</strong></td>
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<tr>
<td><strong>Spermicides</strong></td>
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</tbody>
</table>

### Risk of Pregnancy*
- **Female Sterilization**: .5 out of 100
- **Male Sterilization**: .15 out of 100
- **LNG IUD**: .2 out of 100
- **Copper IUD**: .05 out of 100
- **Injection**: 6 out of 100
- **Pill**: 9 out of 100
- **Contraceptive Patch**: 12 out of 100
- **Contraceptive Ring**: 18 out of 100
- **Contraceptive Sponge**: 21 out of 100
- **Barrier Methods**: 22 out of 100
- **Spermicides**: 12–24 out of 100
- **Condom**: 24 out of 100
- **Withdrawal**: 28 out of 100

### How the Method is Used
- **Surgical Procedure**: Placement inside uterus
- **Placement in upper arm**: Shot in arm, hip or under the skin
- **Injection**: Take a pill
- ** Patch**: Put a patch on skin
- **Ring**: Put a ring in vagina
- **Condom**: Use with spermicide and put in vagina
- **Sponge**: Pull penis out of the vagina before ejaculation
- **Monitor fertility**: Signs. Abstain or use condoms on fertile days
- **Ring**: Put inside vagina

### How Often the Method is Used
- **Permanent**: Lasts up to 3–12 years
- **Injection**: Lasts up to 3 years
- **Patch**: Every 3 months
- **Ring**: Every day at the same time
- **Condom**: Each week
- **Sponge**: Each month
- **Spermicides**: Every time you have sex
- **Contraceptive Sponge**: Every time you have sex

### Menstrual Side Effects
- **Female Sterilization**: None
- **Male Sterilization**: None
- **LNG IUD**: Spotting, lighter or no periods
- **Copper IUD**: Heavier periods
- **Injection**: Spotting, lighter or no periods
- **Pill**: Spotting, lighter or no periods
- **Contraceptive Patch**: Can cause spotting for the first few months. Periods may become lighter.
- **Contraceptive Ring**: None
- **Spermicides**: None

### Other Possible Side Effects to Discuss
- **Pain, bleeding, infection**: May have nausea and breast tenderness for the first few months.
- **Some pain with placement**: Allergic reaction, irritation
- **May cause appetite increase/weight gain**: None

### Other Considerations
- **Provides permanent protection against an unintended pregnancy**: LNG: No estrogen. May reduce cramps. Copper IUD: No hormones. May cause more cramps.
- **No estrogen**
- **No estrogen. May reduce menstrual cramps**: No hormones
- **Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer**: No hormones
- **No hormones. No prescription necessary**: No hormones. Nothing to buy
- **No hormones. No prescription necessary**: No hormones. Can increase awareness and understanding of a woman's fertility signs
- **No hormones. No prescription necessary**: No hormones.

Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.

Abstinence

How abstinence works

- Sexual abstinence is defined by individuals in many different ways.
- Sexual abstinence for pregnancy prevention is defined as not having any penis-to-vagina contact during sexual activity.

How to use abstinence

- Client’s who use abstinence should be encouraged to talk with their partner(s) about this decision and decide in advance what sexual activities are a “yes” and what activities are a "no."
- Those who use abstinence should be aware that using drugs and/or alcohol may influence sexual decisions and increase the risk of pregnancy and sexually transmitted infections (STIs).
- Abstinence is a choice people can use at any time and at any age.

Effectiveness (Risk of pregnancy)

- When used consistently, total abstinence is very effective protection against pregnancy and reducing the risk of STIs including HIV infection.

- It is very effective when both partners are completely committed and practice abstinence (no genital contact) 100% of the time.
- Abstinence is most effective when both partners talk and agree about their reasons to remain abstinent.

Other considerations for abstinence

- Abstinence has no health risks, is free, available to anyone, at any time.

Issues to explore with clients

- How easy it will be to avoid situations that may make it more difficult to use abstinence consistently

Key reminders for clients

For abstinence to be effective you must consistently not have sex 100% of the time. How well is it working for you? How will it work for you in the future?

If at any time you want to learn more about and/or use a birth control method, please come back to see us.

If you do have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy.

To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

References available on www.fpntc.org.
Breastfeeding

How breastfeeding works for birth control

- **Lactational Amenorrhea Method (LAM)** is a short-term family planning method based on the natural effect of breastfeeding on fertility.

- Breastfeeding after having a baby may work to prevent pregnancy for up to six months post-partum if breastfeeding is the baby’s only source of food day and night and her periods have not returned.

- Around-the-clock stimulation of the breast stops the release of hormones that are necessary for the woman’s body to release an egg (for ovulation). This helps prevent a pregnancy.

- Once the baby begins to take liquids or foods other than breast milk, or is more than six months old, or the woman’s period returns. At this point, breastfeeding is not reliable for birth control.

Breastfeeding for birth control is **not recommended** if a woman answers "yes" to any question below:

1. Have your periods returned?
2. Are you giving your infant other food, supplements or formula; either day or night?
3. Is your baby more than six months old?

How to use breastfeeding for birth control

- Follow the instructions above for using breastfeeding for birth control.

- When the woman no longer meets all three criteria above, and she doesn't want to get pregnant, she should use another method of birth control immediately.

- A health care provider or lactation educator can answer questions and offer support if a woman is interested in using LAM.

Effectiveness (Risk of pregnancy)

- As typically used, breastfeeding is more than 98% effective.

- Effectiveness will greatly decrease as soon as breastfeeding is reduced, formula and/or regular food are introduced, menses returns, or when the baby reaches six months.
Other considerations for breastfeeding as birth control

- A woman may ovulate before her periods return after childbirth. As a result, if she doesn't follow the guidelines of this method, she could become pregnant again before her periods return.

Issues to explore with clients

- How long she plans to exclusively breastfeed.

Key reminders for clients

If at any time you want to use a birth control method, please come back to see us. What might you want to use after this method is no longer effective?

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Reference for effectiveness rates:
Lactational Amenorrhea Method: A Reference Guide for Service Providers
Other references available on www.fpntc.org.
Diaphragm

How the diaphragm works
- The diaphragm is a dome-shaped rubber (latex) cup with a stiff rim.
- It's used with a special gel or cream that contains a spermicide (a substance that kills sperm).
- The diaphragm and spermicide are inserted together into a woman's vagina and over her cervix to keep sperm from entering her uterus.

How to use the diaphragm
- The diaphragm comes in different types and several sizes. A woman must be fitted for a diaphragm by a trained health provider.
- The diaphragm should be checked for holes or weak spots, especially around the rim. A diaphragm with a hole should not be used.
- The diaphragm should be refitted after a pregnancy (especially after a vaginal birth) and if the woman gains or loses ten pounds or more.
- Oil-based lubricants, such as hand lotion or petroleum jelly, or vaginal medications (e.g., for yeast infections) should never be used because they can damage the diaphragm.

Before Sex
- The woman should empty her the bladder (pee) and wash her hands.
- A tablespoon of spermicidal gel is squeezed into the diaphragm cup and spread it around the rim.
- The diaphragm is inserted into the vagina as instructed when it was fitted. The cup must cover the cervix. The woman should insert a finger into the vagina to check that the diaphragm is in place.
- The diaphragm can be inserted into the vagina up to six hours before sexual intercourse. It is effective immediately.

After Sex
- The diaphragm should be left in place for six hours after sex, but not longer than a total of 24 hours. Women should avoid douching with the diaphragm in place.
- If sex is repeated during the six hours, more spermicidal gel should be added into the vagina each time before intercourse without taking the diaphragm out.
- The diaphragm is removed by slipping a finger into the vagina and under the rim to gently slide it out.

Effectiveness (Risk of pregnancy)
- The effectiveness of using a diaphragm depends on how well the woman follows the instructions for how to use it with each act of sexual intercourse.
- With typical use 12 women out of 100 will become pregnant in the first year of use.
- If a woman doesn’t use the diaphragm each time she has sex, or she doesn’t add more spermicidal gel with each act of intercourse, and/or it slips out of place, her chance of pregnancy increases.
Possible side effects

- Some people are allergic to latex rubber or to the spermicidal gel or cream. If this happens, women can try another brand.
- Some women find that the diaphragm may cause bladder irritation or an increased risk of bladder infections. If a woman has any pain or discomfort, she should see a health care provider.

Other considerations for the diaphragm

- It's important that the provider give instructions about how to insert and remove the diaphragm and time for the client to practice.
- The diaphragm has very few side effects or major health risks.
- Getting a diaphragm requires an exam, a fitting and a prescription from a qualified health care provider.

Issues to explore with clients

- Feelings about using a non-hormonal device that can be used only when needed, but does not have to interrupt sex.
- Comfort with touching genitals to put a diaphragm in place and take it out.
- The ability to make sure the diaphragm and spermicide are available when needed, including comfort with buying spermicide in a drug store or health clinic (noting that it can be ordered online).

Key reminders for clients

- **For the diaphragm to be highly effective, you must follow the instructions and use it every time you have sex. How can you remember to have your diaphragm with you when you might need it?**
- **If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.**
- **If you do have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy.**
- To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website:
  - [http://ec.princeton.edu/emergency-contraception.html](http://ec.princeton.edu/emergency-contraception.html)

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Other references available on [www.fpntc.org](http://www.fpntc.org).
Emergency Contraceptive Pills (ECP)

How emergency contraceptive pills work

- Emergency contraceptive pills (ECP) are used AFTER sexual intercourse.
- ECP works primarily by stopping a woman’s body from releasing an egg (ovulation), so there is no egg present to be fertilized.
- Emergency contraception may prevent pregnancy, but it will not stop an already-established pregnancy or harm a developing fetus.

How to use emergency contraceptive pills

- ECPs should be taken as soon as possible (within 5 days) after unprotected intercourse or as directed by a health provider or pharmacist.
- There are two types of ECP’s. The first type contains progestin and is available in many forms including over-the-counter. The second type contains ulipristal acetate (called ella® in the U.S.).
  - Ulipristal should not be taken when breastfeeding.
- Some combination birth control pills can be taken as emergency contraception as directed by a healthcare provider or pharmacist.
- In the days or weeks after taking ECP condoms and/ or another birth control method should be used until the woman has a period.
- If her period does not start within three weeks, she should take a pregnancy test at home or see a health care provider for a pregnancy test.

Effectiveness (Risk of pregnancy)

- Taking emergency contraceptive pills may reduce a woman’s chance of pregnancy after unprotected intercourse if taken within 5 days of unprotected sexual intercourse.
- How effectiveness is calculated for ECP is different from other birth control methods. ECP effectiveness rates are based on the pregnancy risk after a single act of sexual intercourse.
- Studies show a range of effectiveness that depends on which ECP product is taken, how soon after sex it is taken (up to 72 hours or 120 hours) and on which day of the woman’s menstrual cycle unprotected intercourse occurred.
- Using ECP routinely is less effective than other available contraceptives.
- After taking ECP, unprotected intercourse should be avoided until another birth control method is used.
- A health care provider can discuss other birth control options after ECP use.
**Possible side effects**

- Side effects with ECP are rarely reported. A few women report nausea. Medicine for nausea is available.
- ECP may change the amount, duration, and timing of the next menstrual period.

**Other considerations for emergency contraceptive pills**

- Emergency contraceptive pills can be taken at any time a woman is concerned about unprotected intercourse that may cause any unintended pregnancy. Examples of when they can be used include after:
  - The condom (male or female) slips, breaks or leaks
  - A missed birth control pill(s)
  - A diaphragm or cervical cap is inserted incorrectly or removed too early
  - Any other birth control method is used incorrectly.
  - Exposure to some medicines, drugs or other toxic agents (which can reduce the effectiveness of some methods)
  - Nonconsensual unprotected sex

**Issues to explore with clients**

- The copper IUD is also a highly effective method of emergency contraception (EC). See the Intrauterine Device (IUD) fact sheet.

- For more information visit [http://ec.princeton.edu/emergency-contraception.html](http://ec.princeton.edu/emergency-contraception.html)

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**Key reminders for clients**

*Other methods of birth control are more effective than using emergency contraceptive pills. Would you like to talk about other birth control methods today?*

*If at any time you want to talk about other methods, please come back to see us.*

*Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.*

Female Condom

How the female condom works

- The female condom (FC) is a soft, loose-fitting sheath (pouch) that works as a physical barrier that lines the vagina during sexual intercourse to keep sperm from entering the vagina.
- The FC has a soft ring at each end of the pouch. The closed end of the pouch (along with a ring) is used to put the condom into the vagina to hold it in place. The open end stays outside of the vagina. The open end ring is used as a guide to insert the penis into the vagina.
- The FC also works as a barrier between partners that provides protection from sexually transmitted disease (STDs) including HIV infection.

How to use the female condom

Before Sex

- The FC package has instructions and drawings that show how to put it in.
- Always check the expiration date.
- Insert it up to 8 hours before intercourse.
- Keep the outer ring outside the vagina.
- During sex the condom may move around. If the woman feels the outer ring start to be pushed into the vagina, or if the penis starts to go up along the outside of the condom, she should stop, take the condom out and use another condom.

After Sex

- Squeeze and twist the outer ring to keep the semen from spilling, and gently pull the condom out.
- Throw it away (don't flush it!).
- Female and male condoms should not be used together; they can stick together, causing one or both of them to slip out of place.

Effectiveness (Risk of pregnancy)

- The effectiveness of using female condoms for birth control depends on using it correctly — following the package instructions — with each act of sexual intercourse.
- With typical use 21 women out of 100 will become pregnant in the first year of use.
- If a woman doesn't use it every time or it slips, breaks, or is put in or taken out the wrong way, her chance of getting pregnant increases.
- Female condom use becomes more effective with practice. A woman can practice putting it in before using it with a partner.
Key reminders for clients

For these condoms to be effective for preventing a pregnancy, you need to use them every time you have sex. How easy is it for you to use them all the time? How will using female condoms work for you in the future?

If at any time you are dissatisfied with your method, or want to change methods, please come back to see us.

If your condom breaks or slips, you can use emergency contraception (EC) to prevent pregnancy.

To find out where you can get EC, ask a pharmacist, call a local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Possible side effects

- There are few side effects; if a woman experiences a possible allergic reaction or irritation, she can try another type or brand of condom.

Other considerations for female condoms

- Female condoms are non-hormonal with no known health risks, are woman-controlled, and provide protection against pregnancy and some sexually transmitted infections (STIs) such as chlamydia, gonorrhea, trichomoniasis, hepatitis B, and HIV infection.
- Female condoms may also provide some protection against STIs that are transmitted primarily through skin-to-skin contact (i.e., herpes, HPV, and syphilis).
- The non-latex material is stronger and less likely to cause allergic reactions than latex condoms.
- Female condoms are more expensive than male condoms.

Issues to explore with clients

- Comfort with touching genitals to put the female condom in place and take it out
- Whether it’s important to have a barrier method that the client can control
- The ease of using a method that requires planning ahead
- The acceptability of barrier methods
- Comfort with buying female condoms in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

Female Sterilization

How female sterilization is done

Two female sterilization (or tubal ligation) procedures are available.

- The first procedure is an operation that can be done in a clinic or hospital with either a local (awake) or general anesthetic (asleep). It takes about 30 minutes to do the procedure. A very small cut (incision) is made either beside the belly button or lower on the abdomen. Thin instruments are put through the incision to cut, block, or tie off the fallopian tubes. Because of the tiny incision and the short time of surgery, the woman can usually go home the same day.
  - There may be slight pain or soreness in the abdomen for 2-3 days, or a sore throat or headache from the anesthesia.
  - Most women have no other problems and feel back to normal within a week.
  - As soon as the woman feels comfortable after sterilization she can have sex.
  - A tubal ligation can be done immediately after childbirth or at any time during the menstrual cycle.

- The second procedure, transcervical sterilization (or Essure®) is a less invasive procedure conducted by a trained provider in a clinical/office setting. The provider places a soft, flexible device into each fallopian tube to prevent the joining of sperm and an egg (fertilization). This device is placed in the tubes after being passed through the vagina, cervix and uterus using a small scope. There are no incisions, punctures, or tying of tubes. The average procedure time is also about 30 minutes and a local anesthesia and/or intravenous sedation are recommended.
  - The woman must return three months after the sterilization for a procedure to check that the tubes are completely closed, and is advised to use contraception until then.

How female sterilization works

- Female sterilization is often called “having your tubes tied.” It’s a procedure that permanently blocks the fallopian tubes so the egg cannot move to the uterus and the sperm cannot reach the egg.
- Sterilization is considered a permanent (not reversible) method of birth control and should be chosen only if the woman is sure that she does not want children in the future.
- Tubal sterilization does not remove any organs; it only affects the fallopian tubes.
- After a tubal sterilization, a woman will still produce female hormones and have periods.
- There should be no changes in her sexual desire, sexual response or orgasm.
Issues to explore with clients

• Whether vasectomy for a male partner may be an option

• Whether the client would like to consider a highly effective, reversible method. Some women regret having had a sterilization procedure, especially if they are in an unstable relationship, are very young or have no children at the time of sterilization.

• Health care providers can support clients who are considering their options in the context of possible regret, leaving the final decision to have sterilization in the hands of the client.

Key reminders for clients

If at any time you want to talk about other birth control methods, please come back to see us.

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Effectiveness (Risk of pregnancy)

• Female sterilization is a highly effective, permanent method of birth control.

• Less than 1 woman out of 100 (in fact only 5 women out of 1,000) will become pregnant after tubal ligation in the first year after the procedure.

Possible side effects

• Local anesthesia is safer than general or spinal anesthesia but there may be side effects with either medication.

Other considerations for female sterilization

• Female sterilization surgery gives excellent permanent protection from pregnancy.

• It is safe and private; a partner’s involvement is not required for sterilization.

• Tubal sterilization is considered permanent and irreversible. Even though it’s possible with advanced surgery to reconnect the tubes, there is no guarantee this will result in a future pregnancy. Reconnection surgery can be very expensive and is not covered by Medicaid.

• Tubal sterilization should include counseling by a qualified health care provider prior to the surgery, addressing potential risks, side effects, and the procedure process. This conversation should include a discussion about the possibility of regretting the decision to have a sterilization.

• Female sterilization is expensive if insurance or financial support is not available. Medicaid and other state funds may pay for tubal sterilization.

• If the tubal sterilization surgery is paid for by federal or state funds, a 30-day waiting period is required.

• Local anesthesia is less expensive than general or spinal anesthesia.

Other references available on www.fpntc.org.
Fertility Awareness-Based (FAB) Methods

Use of FAB methods

There are several methods that have been described that rely on information about the timing of a woman’s menstrual cycle, her basal body temperature, and changes in her cervical mucus.

- A menstrual cycle is counted from the first day of bleeding in one month to the first day of bleeding the next month (usually 23–35 days). A woman's most fertile time is usually in the middle of this cycle when ovulation occurs.
- A woman’s cervical fluid (vaginal discharge) changes throughout each menstrual cycle. After each menstrual period ends, there may be no vaginal fluid or discharge. These are “dry” days. As ovulation approaches (and a woman becomes more fertile), the fluid becomes sticky, creamy, and stretchy (like egg white).
- A woman’s morning temperature rises within 12 hours of ovulation. After her temperature has been higher for three continuous days (following 6 days of lower temperatures) the woman may assume ovulation has occurred and the fertile period has ended for that cycle.

Specific methods that rely on these factors include the following:

- Standard Days Method (SDM) using CycleBeads® — based on statistical information about women who have regular menstrual cycles and can be used by women who have cycles between 26 and 32 days long. Counting from the first day of a period, a woman (couple) would consider days 8 through 19 in her menstrual cycle as fertile days.
- Calendar Rhythm Method (CRM) — count and record days in each menstrual cycle for six months and predict future fertile days (when pregnancy can occur) using a standard calculation.
- TwoDay Method — track cervical fluid every day, twice a day. Women are considered fertile when they have secretions on either that day or the day prior.

What are FAB methods?

- The Fertility Awareness-Based (FAB) Methods depend on identifying the “fertile time” each month — the days when intercourse would most likely result in pregnancy — and either not having sex during that time or using a birth control method like condoms.

Preventing or achieving pregnancy

- FAB methods can be used to prevent a pregnancy or plan a pregnancy.
- FAB methods help a woman (or couple) become more familiar with the signs of ovulation and the pattern of the woman’s menstrual cycle to help plan sexual activity to avoid or plan a pregnancy.
- Checking the specific signs of fertility every day of the woman’s menstrual cycle can show when the woman is fertile.
- During the fertile time, couples wishing to avoid pregnancy can use a barrier method (i.e., condoms), not have intercourse, or engage in sexual activity other than intercourse.
Fertility Awareness-Based (FAB) Methods

Issues to explore with clients

- The ability to and comfort with tracking each menstrual cycle and/or her cervical mucous
- Use of this method can be facilitated by getting information about fertility-based methods on the internet (type words such as “fertility awareness” or “natural family planning” into any search engine) and through smart phone “apps.” Fertility monitoring products can be found in drug stores or online.
- Information about CycleBeads® and the SDM is available at www.cyclebeads.com.

Key reminders for clients

If at any time you want to talk about other birth control methods, please come back to see us.

Emergency contraception (EC) to prevent an unintended pregnancy is available. To find out where you can get EC, call us, ask a pharmacist, call a local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

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Implant

How to use an implant

- The implant is placed into the woman's upper arm through a special needle by a trained health care provider using local anesthesia. The health care provider will give follow up instructions.
- The implant works for up to three years.
- An implant can be removed at any time; it is not required that the implant be used for the full three years.
- Removal of an implant requires a minor surgical procedure that typically takes only a few minutes using local anesthesia.

Effectiveness (Risk of pregnancy)

- With typical use, less than 1 woman in 100 will become pregnant in the first year of use.
- The implant is effective up to 3 years.

Possible side effects

- Menstrual changes
  - Irregular and unpredictable bleeding
  - Bleeding can be heavy or light, last for a few days or many days, or there may be no bleeding at all for several weeks
  - Women may stop having periods
  - Bleeding patterns can change over time
- Other possible side effects
  - There may be some discomfort and bruising at the place of insertion for a short time.
  - Some women have a small scar after removal.

How an implant works

- An implant is a small, flexible capsule or rod that is placed under the skin of the upper, inner arm.
- An implant is filled with a low dose progestin hormone that is continually released into a woman's body. The progestin in the implant lowers the chance that the body will release an egg so that no egg is present to be fertilized.
- The implant also works by thickening the cervical mucus — the liquid at the opening of the uterus — to stop sperm from getting into the uterus.
Other considerations for an implant

- The implant is safe with very few complications.
- Women who cannot take estrogen because of certain health problems can use an implant.
- It can be placed immediately after childbirth if desired, even if a woman is breastfeeding.
- The client's health care provider will talk about managing potential risks, side effects and the placement and removal procedures for the implant.

Issues to explore with clients

- Importance of using a highly effective method
- Feelings around having an implant in her arm
- Preferences about bleeding, including how much it would bother her to have unpredictable bleeding
- Feelings about using a method that requires a provider to remove it

Key reminders for clients

If at any time you are dissatisfied with your method, or you want to change methods, or have your implant removed, please come back to see us.

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.
Injectable (The Shot)

Effectiveness (Risk of pregnancy)
- The effectiveness of the shot depends on the woman getting her shot on time — getting a repeat shot every 3 months.
- With typical use, 6 women out of 100 will become pregnant in the first year of use.
- If a woman is late getting her shot, her chance of pregnancy increases.

Possible side effects
- Menstrual changes
  - Bleeding patterns with the shot vary and may include:
    - irregular spotting or bleeding
    - heavier periods
    - lighter periods
    - no periods (which becomes more common over time)
- Other possible side effects
  - decrease in cramps
  - increased appetite and weight gain
  - mood changes

How the shot works
- The injectable method of contraception contains one hormone — a progestin. Often clients refer to this method as “the shot” or “depo.”
- The progestin hormone in the shot stops the body from releasing an egg, so no egg can be fertilized.
- Progestin also works by thickening the cervical mucus (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

How to use the shot
- The shot is given by a qualified health care provider; it requires a prescription.
- The shot is given in a woman’s arm, hip, or under the skin every 3 months (12-15 weeks).
- The shot may be given immediately after childbirth and is safe to use when breastfeeding.
Other considerations for the shot

- It has no estrogen, and therefore its use is not limited among women with conditions such as migraine.
- The shot may delay return to fertility by staying in your body for six to eight months following your last shot.
- Using the shot lowers the risk of uterine cancer and anemia.
- Using the shot can make existing depression worse. Women who have severe postpartum depression should talk to a health care provider about using this method.
- The Federal Drug Administration (FDA) placed a warning on the shot because concerns about decreased bone density in women using this method for more than two years. However, studies indicate that there is no long-term effects on bones of using the shot.
- The client’s health care provider will talk about using the shot and answer questions about bone loss as well as managing possible side effects.

Issues to explore with clients

- The ease and acceptability of coming back to the clinic every three months
- The acceptability of having injections
- Feelings about irregular bleeding
- Concerns about weight gain and depression

Key reminders for clients

For the shot to be highly effective, you will need to get your next shot in the next 3 months. How easy will it be for you to come back to the clinic for your next shot? What might you do if you can’t get back to the clinic?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you can’t get back to the clinic on time and you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy.

To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Intrauterine Device (IUD)

How to use an IUD

- An IUD can be placed in a woman’s uterus at any time during her menstrual cycle, or inserted immediately after childbirth or an abortion.
- Placement of an IUD is a minor, non-surgical procedure done through the cervix.
- After insertion, the woman should see a health care provider for an exam if she or her partner feels hard plastic, if she thinks it might have come out, or if she experiences any symptoms of pregnancy.
- The IUD can be removed at any time; it is not required that the device be used for the full length of time for which it is approved.

Effectiveness (Risk of pregnancy)

- With typical use, less than 1 woman in 100 become pregnant in the first year of use.
- Cu-IUD is effective up to 12 years. The LNG-IUD is effective up to 3-5 years (depending on which one is selected).

The copper IUD is also a highly effective method of emergency contraception (EC) for those women who would like to use an IUD as ongoing contraception. For EC, the IUD must be inserted within 5 days of the first act of unprotected sexual intercourse.

How an IUD works

- Both types of IUDs are placed inside the uterus by a trained health care provider.
- Both the Cu-IUD and the LNG-IUD primarily work by affecting the way sperm move and stop sperm from getting to the egg.
- The LNG-IUD also works by thickening the cervical mucus — the liquid at the opening of the uterus — to stop sperm from getting in the uterus.
- The LNG-IUD also prevents ovulation in some women, in some menstrual cycles.
- These devices do not interrupt an implanted pregnancy.

Two types of intrauterine contraceptives are available in the United States.

- A small plastic T-shaped device wrapped with copper (Cu-IUD, or Paragard®)
- A small T-shaped device that continually releases a low dose progestin hormone (levonorgestrel) into the uterus (LNG-IUD). There are several brands of hormonal IUDs, including Skyla®, Mirena® and Liletta®.
Possible side effects

- Menstrual changes

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<tr>
<th>Copper IUD</th>
<th>Hormonal IUD</th>
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Women may have longer, heavier menstrual periods (bleeding), and spotting may happen between periods. Menstrual cramping may increase.

Women may have lighter menstrual periods or no periods at all, spotting may happen between periods. Menstrual cramping may be reduced.

- Other possible side effects
  - There may be some pain or discomfort with the IUD placement.
  - Rarely, if a woman has a sexually transmitted infection (STI) at the time of insertion, the insertion process can introduce infection from the vagina into the uterus, and increase the risk of pelvic inflammatory disease (PID).

Other considerations for an IUD

- IUDs are safe and available for adolescents and women who have never been pregnant.
- The Cu-IUD is very effective as emergency contraception if inserted within 5 days of unprotected sexual intercourse
- Rarely, a pregnancy can happen. If pregnancy happens, the IUD should be removed.
- Expulsion of the IUD can occur.
- LNG-IUDs can decrease symptoms for women with heavy menstrual bleeding or menstrual cramping, and can also help women with anemia.
- The client’s health care provider will talk about potential risks, side effects, and the insertion and removal process for these devices.

Issues to explore with clients

- The importance of using a highly effective method
- Feelings around having an IUD in her uterus
- Preferences about bleeding, including how much of a bother would it be to stop having bleeding (LNG-IUD) or have unpredictable (LNG-IUD) or heavy bleeding (Copper IUD).
- Feelings about using a method that requires a provider to remove it

Key reminders for clients

If at any time you are dissatisfied with your method, or you want to change methods, or have an IUD removed, please come back to see us.

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Other references available on www.fpnts.org.
How to use the male condom

Before Sex

- Users should check the expiration date and avoid using a condom with an expired date.
- A new condom should be used for every act of vaginal, anal and oral sex throughout the entire sex act (from start to finish).
- Lubrication is important to decrease the chance of breakage. A lubricant can be added to the condom or to the vagina. For latex condoms, only water-based lubricants like K-Y Jelly®, Astroglide®, or spermicidal creams or foam should be used. Oil-based lubricants (e.g. baby oil, hand lotion, petroleum jelly, or cooking oil) can weaken the condom and cause it to break or tear.
- The condom should be placed on the tip of the erect penis with the rolled side out, leaving a half-inch space for semen to collect, and unrolled all the way to the base of the erect penis.

After Sex

- Immediately after ejaculation and before the penis gets soft, the rim of the condom should be held and the penis carefully withdrawn.
- Throw it away (don’t flush it!).

Effectiveness (Risk of pregnancy)

- The effectiveness of using a male condom for birth control depends on using it correctly — following the package instructions — with each act of sexual intercourse.
- With typical use 18 women out of 100 will become pregnant in the first year of use.
Possible side effects

- Some people are allergic to latex (rubber). If you or your partner has a latex allergy, you can switch to one of the several synthetic condoms.

Other considerations for male condoms

- Condoms (latex and synthetic) are safe and effective for preventing pregnancy and reducing the transmission risk of HIV and sexually transmitted infections (STIs) such as chlamydia, gonorrhea, trichomoniasis, and hepatitis B.
- Condoms may also provide some protection against STIs that are transmitted primarily through skin-to-skin contact (i.e., herpes, HPV, and syphilis).
- Because condoms help protect against STIs, they lower the long-term risk for infertility.

Issues to explore with clients

- Both partners’ feelings about use of a barrier method
- The ease of using a method that requires planning ahead and having a condom on hand
- Comfort with buying condoms in a drug store or health clinic (noting that they can be ordered online).
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy.

Key reminders for clients

For condoms to be effective for preventing a pregnancy, you need to use them every time you have sex. How easy is it for you to use them all the time? How will using condoms work for you — and your partner — in the future?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If your condom breaks or slips, you can use emergency contraception (EC) to prevent pregnancy.

To find out where you can get EC, ask a pharmacist, call a local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Other references available on www.fptc.org.
Centers for Disease Control and Prevention Condom Fact Sheet In Brief http://www.cdc.gov/condomeffectiveness/docs/condomfactsheetinbrief.pdf
Male Sterilization

How a vasectomy is done

Two male sterilization procedures are available in a clinic or doctor’s office and each take about 30 minutes.

- For each procedure, a local anesthetic (like dentists use) is injected into the skin of the sack that holds the testicles.
- The first vasectomy procedure option — the no scalpel (NSV) — is done by making a small puncture in the testicles through which the tubes (vas deferens) are sealed. This procedure is shorter, generally has fewer side effects, and is less painful than the traditional method.
- Using the traditional method, a small cut is made in the testicles and the tubes are pulled through the opening and sealed. The incision is then closed.
- Since sperm may still be in the tubes, vasectomy is not effective until the man has had a semen analysis after the procedure. The provider performing the vasectomy will give instructions about a follow up visit to check the man's semen to make sure no sperm are present.

Effectiveness (Risk of pregnancy)

- A vasectomy is a highly effective, permanent method of birth-control.
- Less than 1 woman in 100 will become pregnant in the first year after her partner has the procedure.
- A pregnancy happens very rarely, when the tubes were not completely sealed during surgery or when the tubes grow back together.
- A pregnancy may also happen if a couple does not use some other kind of birth control until the follow-up semen test shows that there are no sperm in his ejaculation fluid.

How a vasectomy works

- Male sterilization, or vasectomy, is a simple surgery in which the tubes (vas deferens) that carry sperm up to the penis are cut and sealed.
- Vasectomy is considered a permanent (not reversible) method of birth control and should be chosen only if the man is sure that he does not want children in the future.
- After a vasectomy, the man will still produce male hormones and sperm, but the sperm will not be able to join with the other fluids in the semen.
- When sperm cells aren't used, the body will absorb them.
- The amount of fluid in the ejaculation is the same, except there are no sperm. Sex drive, ability to have sex and orgasms do not change because of a vasectomy.
### Possible side effects

- Bleeding under the skin after the procedure.
- Swelling, bruising and discomfort that can be reduced with mild pain medication.
- Most side effects after vasectomy go away within one or two weeks.
- It is recommended to avoid heavy physical labor for at least 48 hours.
- An athletic supporter and ice packs can be used to make this healing time more comfortable.
- Sex can be resumed when the cut is healed and the area is no longer sore.

### Issues to explore with clients

- Whether a woman can talk to her partner about the possibility of having a vasectomy.
- Whether the couple would like to consider a highly effective, reversible method. Some men regret having had a sterilization procedure, especially if they are in an unstable relationship or are very young at the time of the surgery.
- The need for women to use a different method of contraception if she has sex with a different partner.

### Key reminders for clients

- If at any time you want to talk about other birth control methods, please come back to see us.

### Other considerations for vasectomy

- Sterilization is one of the safest, most effective and most cost effective contraceptive methods.
- Vasectomy is safer, simpler, and less expensive than female sterilization.
- It is a very private method, with no need for partner involvement.
- Research continues to show that men who have had a vasectomy are not more likely than other men to develop heart disease, cancer, or other illnesses.
- A vasectomy can be expensive if insurance or financial support is not available. Medicaid and other state funds can pay for the surgery.
- A vasectomy is considered permanent and irreversible. Even though it is possible with advanced surgery to reconnect the tubes, there is no guarantee this will result in a future pregnancy. This reconnection surgery is very expensive and is not covered by Medicaid.
- If the vasectomy is paid for by federal or state funds, a 30-day waiting period is required. Call your local family planning clinic for information.

Other references available on www.fpntc.org.
How to use the patch

- In most states, the patch requires a prescription from a qualified health care provider. In some states, consultation with a pharmacist is also an option.
- The patch is a once-a-week (7 days) method of birth control on a four-week cycle. Written instructions come with the patch.
- A new patch must be used each week for three weeks; replaced on the same day of the week. The fourth week is patch-free.
- During the fourth week, no patch is used, and bleeding is expected.
- It is important to place a new patch promptly at the end of the patch-free week, as women may ovulate (produce an egg) if the period of time without a patch is extended.
- The patch is placed on healthy skin on the abdomen, buttock, lower back, upper outer arm or upper torso where it will not be rubbed by tight clothing.
- The patch should not be placed on the breast.

Effectiveness (Risk of pregnancy)

- The effectiveness of using the patch depends on using it correctly and consistently — by keeping the patch in place and replacing the patch each week on the same day of the week.
- With typical use, 9 women out of 100 become pregnant in the first year of use.
- If a woman forgets to replace the patch once every seven days for three weeks, or forgets to start a new cycle of patches after the fourth week, her chance of getting pregnant increases.

How the patch works

- The birth control patch is a thin, stick-on, square, 1-3/4 inch patch.
- The patch contains hormones (estrogen and progestin) that are similar to the hormones that are produced naturally by a woman's body. When using the patch, these hormones enter a woman's bloodstream through the skin.
- The hormones in the patch work by stopping the body from releasing an egg, so no egg can be fertilized.
- The hormones in the patch also work by thickening the cervical mucus (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.
Women should not use an estrogen-containing method for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.

The client's health care provider will talk about the potential risks and managing possible side effects of the patch.

Issues to explore with clients

- Comfort and acceptability of wearing something on their skin
- Ease of remembering to change the patch every week.
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure.

Other considerations for using the patch

- The patch provides protection against ovarian cancer, uterine cancer and iron deficiency.
- The patch stays on during a shower, bathing, swimming or other exercise. Warm, humid conditions do not decrease its sticking power.
- Women with heavy, painful periods can experience improvements in these symptoms when using the patch.
- Some women should not use the patch because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- The Federal Drug Administration (FDA) placed a warning on the patch in 2005 because of findings of increased levels of estrogen compared to the pill and concern for a related increased risk of blood clots with the patch. Studies investigating this question have given variable results. If present, the absolute risk is likely to be small (15-50 per 100,000 women per year).
- Cigarette smoking increases the risk of serious cardiovascular risks (blood clots, heart attacks, strokes), especially for women over 35. Women who use the patch are strongly advised not to smoke.

Key reminders for clients

- For the patch to be highly effective, you must change the patch as directed. How can you remember to change your patch on time?

- If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

- If you forget to place the patch on time, you can use emergency contraception (EC) to prevent pregnancy.

To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Pills

How to use the pills

- In most states, the pills require a prescription from a qualified health care provider. In some states, consultation with a pharmacist is also an option.
- The pill should be taken at about the same time every day.
- Many pills are packaged to be taken for three weeks, with the fourth week consisting of placebo pills (or “sugar” pills). Most women will have bleeding during that fourth week.
- There are increasing options for how pills are packaged, such as pill packs that only have 4 days of placebo pills in a month and pills that are packaged with 12 weeks of active pills, followed by one week of sugar pills.
- If a woman misses any pills, she may be at risk for pregnancy. This is particularly important at the end of the week with sugar pills, as women may ovulate (produce an egg) if the placebo week is extended. Women should receive specific “missed pill” instructions, including the use of emergency contraception (EC) when indicated.

Effectiveness (Risk of pregnancy)

- The effectiveness of using pills depends on using it correctly and consistently — by taking the pill each day at about the same time every day.
- With typical use, 9 women out of 100 become pregnant in the first year of use.
- If a woman misses a pill, or doesn’t take it at the same time every day, her chance of pregnancy increases.

How pills work

- Combination birth control pills contain hormones (estrogen and progestin) that are similar to the hormones that are produced naturally by a woman’s body.
- The hormones in the pill work by stopping the body from releasing an egg, so no egg can be fertilized.
- The hormones in the pill also work by thickening the cervical mucus (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.
Possible side effects

- Menstrual changes
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps
- Other possible side effects
  - Some mild nausea and/or breast tenderness (which usually improves over time).
  - Some women have less acne when taking pills.
  - Research has shown that women who take the pill do not typically gain any more weight than they would gain without taking pills.

Other considerations for taking pills

- Pills provide protection against ovarian cancer, uterine cancer and iron deficiency.
- Current research indicates that pill use is not associated with breast cancer.
- Women with heavy, painful periods can experience improvement in these symptoms with use of the pill.
- Some women should not use the pill because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- Cigarette smoking increases the risk of serious cardiovascular risks (blood clots, heart attacks, strokes), especially for women over 35. Women who use birth control pills are strongly advised not to smoke.
- Women should not use an estrogen-containing methods for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.
- The client's health care provider will talk about potential risks and managing possible side effects of the pills.

Issues to explore with clients

- Ease and acceptability of remembering to take a pill every day.
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure.

Key reminders for clients

**For the pills to be highly effective, you must take your pills every day, at about the same time. What can help you remember to take your pill every day — at about the same time? What will you do if you miss a pill?**

**If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.**

**If you miss pills, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website [http://ec.princeton.edu/emergency-contraception.html](http://ec.princeton.edu/emergency-contraception.html)**

**Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.**

Other references available on [www.fpntc.org](http://www.fpntc.org).
Progestin-Only Pills (POP)

How to use progestin-only pills

- In most states, POPs require a prescription from a qualified health care provider. In some states, consultation with a pharmacist is also an option.
- Progestin-only pills must be taken on time, at the exact same time every day. The pills only work for 24 hours, so there is no effect once this time period has passed (which is different than with combined oral contraceptive pills).
- If any pills are missed, or are taken late, or the woman has diarrhea or vomiting, she could be at risk for pregnancy. Women should receive information about Emergency Contraception (EC).
- Unlike with combined oral contraceptive pills, there is no placebo or “sugar” pill week with POPs.

Effectiveness (Risk of pregnancy)

- The effectiveness of using pills depends on using it correctly and consistently — by taking the pill each day at about the same time every day.
- With typical use, 9 women out of 100 will become pregnant in the first year of use.
- If a woman misses a pill, or doesn’t take it at the same time every day, her chance of pregnancy increases.

Possible side effects

- Menstrual changes
  - Spotting between periods
Other considerations for taking progestin-only pills

- The progestin-only pill has fewer health risks than combination birth control pills and can be given to women who cannot take estrogen.

- Current research indicates that pill use is not associated with breast cancer.

- POPs are sometimes prescribed in the immediate post-partum period, as women are not advised to use estrogen-containing methods for the first 3-6 weeks after delivering a baby due to the risk of blood clots and potential effects on breastfeeding.

- The client's health care provider will talk about potential risks and managing possible side effects of the pills.

Issues to explore with clients

- Ability to take a pill at the exact same time every day, and understanding of the risk of pregnancy involved with even a slight delay in taking the POP

- Feelings about irregular bleeding between periods, which is more common with use of these methods

Key reminders for clients

For the progestin only pills to be highly effective, it is especially important for you to take them every day, at about the same time. What might be the most helpful way for you to remember to take your pill every day — and at about the same time? What will you do if you miss a pill … or a couple of pills?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you miss pills, you can use emergency contraception (EC) to prevent pregnancy.

To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Spermicides

Effectiveness (Risk of pregnancy)

- The effectiveness of spermicides depends on using it correctly and consistently according to the package instructions — every time with sexual intercourse.
- With typical use, 28 women out of 100 will become pregnant in the first year of use.
- To increase the effectiveness, spermicides can be used with a male condom.

Potential side effects

- Allergic reactions; trying a different brand may help.

Other considerations for spermicides

- Frequent use of spermicides (more than 2 times per day) can cause internal vaginal irritation and increase transmission risk of HIV infection.

How vaginal spermicides work

- Spermicides contain chemicals that kill sperm. In the U.S. nonoxynol-9 is the active chemical used in spermicides to kill sperm.
- Vaginal spermicides come in several forms (gel, foam, cream, film, suppository, or tablet).
- Some spermicides are used along with a diaphragm (i.e., gels, creams) or condoms but they can also be used alone.

How to use vaginal spermicides

- To use vaginal spermicides correctly, it is very important to follow the instructions in the package.
- Often the package instructions will provide drawings and give specific advice about how soon the method is effective (e.g., immediately after insertion or to wait 10-15 minutes).
Issues to explore with clients

• Comfort with touching genitals to put spermicides in place.
• Ability to plan ahead and make sure spermicides are available when needed
• Comfort with buying spermicides in a drug store or health clinic (noting that they can be ordered online)
• Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

Key reminders for clients

For spermicides to be effective, you need to check the expiration date, follow the instructions, and use them every time you have sex. How easy will it be for you to always have spermicides available when you need them? Using condoms with the spermicide will increase effectiveness.

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy.

To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Sponge

How the sponge works

- The Today® sponge is a small, one-size, disposable (single use), over-the-counter method of birth control for women.
- It contains spermicide (a substance that kills sperm) to prevent pregnancy.
- The sponge is inserted into the vagina, placed in front of the cervix, as a barrier that keeps sperm from entering the uterus.
- The smooth side of the sponge has a woven loop of polyester fabric that provides easy removal of the sponge.

How to use the sponge

Before Sex

- To use the sponge correctly, follow the instructions in the package.
- Remove the sponge from its package and moisten the sponge with tap water just before inserting it into the vagina. Gently squeeze to produce “suds” that will activate the spermicide and help with insertion.

- Slide the sponge into the vagina along the back wall of the vagina until it rests against the cervix. The dimple side should be up against the cervix, with the loop away from the cervix.
- Insert a finger into the vagina to check that it is in place.
- The sponge is effective immediately for up to 24 hours, with one or multiple acts of intercourse and no need to add more spermicide.

After Sex

- After intercourse, the sponge must be left in place for at least six hours before it is removed. Do not leave in place for more than 24-30 hours.
- To remove the sponge, grasp the loop on the sponge with one finger and gently pull.
- Check to be sure the sponge is in one piece; if it is torn, remove all pieces.
- Throw the sponge away (don’t flush it!).

Effectiveness (Risk of pregnancy)

- The effectiveness of the sponge depends on using it correctly and consistently according to the package instructions - every time with sexual intercourse.
- With typical use, 12 women out of 100 (who have not experienced childbirth) will become pregnant in the first year of use.
- With typical use, 24 women out of 100 (who have experienced childbirth) will become pregnant in the first year of use.
- If the sponge is not used every time or it slips out of place, the chance of pregnancy increases.
Potential side effects
- Allergic reaction to the spermicide in the sponge
- Consult a health care provider if you and/or your partner are allergic to sulfa drugs.

Other considerations for the sponge
- The sponge should not be used during a woman’s period, immediately after childbirth, miscarriage, or abortion.
- The sponge should not be worn for more than 24-30 hours after insertion (including the six hour waiting time after intercourse) because of the possible risk of Toxic Shock Syndrome (TSS) – a rare but serious disease.
- The sponge is not recommended for women who have had TSS symptoms in the past.

Danger signs for TSS:
- Sudden high fever
- Vomiting, diarrhea
- Dizziness, faintness, weakness
- Sore throat, aching muscles and joints
- Rash (like a sunburn)

Issues to explore with clients
- Comfort with touching genitals to put spermicides in place.
- Ability to plan ahead and make sure spermicides are available when needed
- Comfort with buying spermicides in a drug store or health clinic (noting that they can be ordered online)
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy

Key reminders for clients
For the sponge to be effective, you need to check the expiration date, follow the instructions, and use it every time you have sex. How easy will it be for you to always have sponges available when you need them?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you have unprotected sex, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask your pharmacist, call your local family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Vaginal Ring

How the vaginal ring works
- The vaginal ring is a small (one size fits all), flexible transparent ring (two inches across) that is placed in the vagina.
- The ring releases a steady flow of low dose hormones (estrogen and progestin), which are similar to the hormones that are produced naturally by a woman's body, into the woman's body.
- The hormones work by stopping the body from releasing an egg, so no egg can be fertilized.
- The hormones in the ring also work by thickening the cervical mucus (liquid at the opening of the uterus) which can stop sperm from getting into the uterus.

How to use the vaginal ring
- The vaginal ring requires a prescription from a qualified health care provider.
- The vaginal ring is a once-a-month method of birth control. Written instructions come with the ring.
- The ring is placed in a woman's vagina and left there for 21 days (3 weeks) where it releases a steady flow of hormones.
- During week four the ring is removed and bleeding will usually start two to three days later.
- A new vaginal ring must be inserted each month to continue to prevent pregnancy. It is important to insert the new ring immediately at the end of the ring-free week. If there is a delay, a woman can ovulate (produce an egg).
- There are enough hormones in the ring so that a woman can rely on one ring for up to 35 days, which can provide some women with flexibility in when they have bleeding.
- Women can choose how long to wait before inserting a new ring, as long as it is not more than 7 days. If a woman does not want to bleed, she can insert a new ring immediately after removing the ring from the prior month (similar to continuous cycling with combined oral contraceptive pills).
- The exact placement of the ring is not important because it does not work as a barrier method of birth control.
- If the ring comes out, it can be rinsed off and reinserted. If it comes out for more than three hours, women should follow the method instructions or call a health care provider for specific instructions.

Effectiveness (Risk of pregnancy)
- The effectiveness of using the vaginal ring depends on using it correctly and consistently — by keeping the ring in place (see instructions) and replacing it each month.
- With typical use, 9 women out of 100 will become pregnant in the first year of use.
- If a woman forgets to replace the ring on time her chance of pregnancy increases.
Possible side effects

- Menstrual changes
  - Spotting between periods — especially in the first few months
  - Regular and lighter periods with fewer cramps.
- Other possible side effects
  - Vaginal discharge can increase, but the ring is not associated with vaginal infections or bacterial vaginosis.
  - Some women will have less acne when using the ring.
  - Some mild nausea and/or breast tenderness (which usually improves over time).

Other considerations for the vaginal ring

- The vaginal ring provides protection against ovarian cancer, uterine cancer and iron deficiency.
- There is no danger that the vaginal ring will be pushed up too far in the vagina or “lost.”
- Some women say they are aware that the ring is in their vagina, but it should not be felt by the woman or her partner once it is in place.
- Some women should not use the ring because of specific health conditions, such as cardiovascular events (blood clots, heart attacks, strokes) or migraines.
- Cigarette smoking increases the risk of serious cardiovascular risks (blood clots, heart attacks, strokes), especially for women over 35. Women who use the vaginal ring are strongly advised not to smoke.
- Women should not use an estrogen-containing method for 3-6 weeks after delivering a baby, depending on their other medical conditions and whether they are breastfeeding.
- The ring can be used immediately after an abortion.
- The client’s health care provider will talk about potential risks and managing possible side effects with the vaginal ring.

Issues to explore with clients

- Comfort with touching genitals to put the ring in place and to take it out
- Feelings about a method that needs to be changed every month
- Whether the client has medical conditions that would make taking estrogen-containing contraception more dangerous, such as migraines, long-standing diabetes, and high blood pressure.

Key reminders for clients

For the ring to be highly effective, you must change the ring as directed. How will you remember to change your ring on time?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you forget to place the ring on time, you can use emergency contraception (EC) to prevent pregnancy.

To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website
http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Other references available on www.fpntc.org.
Withdrawal

**Effectiveness (Risk of pregnancy)**
- The effectiveness of using withdrawal depends on using it correctly and consistently — specifically on the man’s ability to withdraw his penis before he ejaculates.
- With typical use, 22 women out of 100 will become pregnant in the first year of use.
- Men who are less experienced with using this method or men who have a difficult time knowing when they will ejaculate will have a greater risk of failure.

**Possible side effects**
- This method has no health risks or side effects.

**Other considerations when using withdrawal**
- There is nothing to buy.
- Withdrawal is an acceptable method for some couples with religious preferences related to the use of birth control.
- It is a backup method if no other methods are available.

**How withdrawal works**
- Withdrawal prevents fertilization by not allowing semen (and sperm) to enter the vagina; sperm does not reach the egg. It is also called *Coitus Interruptus*.

**How to use withdrawal**
- While having intercourse, before the man ejaculates, he pulls his penis out of the woman’s vagina and away from her genitals.
- The man must depend on his judgment of his physical sensations to decide when he is about to ejaculate in order to withdraw in time.
Issues to explore with clients

- Whether the man will be able to consistently withdraw his penis before he ejaculates
- Whether interruption of the sexual excitement phase may decrease pleasure
- Feelings about using a lower effectiveness method, with its increased likelihood of pregnancy
- Feelings about using a partner-controlled method

Key reminders for clients

For withdrawal to be effective you must use it the right way and each time you have sex. How will that work for you and your partner?

If at any time you are dissatisfied with your method, or you want to change methods, please come back to see us.

If you do have unprotected sex and don’t want to be pregnant, you can use emergency contraception (EC) to prevent pregnancy. To find out where you can get EC, ask a pharmacist, call a family planning clinic, or visit the website http://ec.princeton.edu/emergency-contraception.html

Remind all of your clients about the use of condoms to help reduce the risk of sexually transmitted disease (STDs), including HIV infection.

Other references available on www.fpntc.org.
Seven Strategies for Effective Education

For clients to make informed decisions and follow treatment plans, information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client’s beliefs, ethnic background and cultural practices. The amount of information presented should be limited to essential points, and tailored to the needs and knowledge gaps of that individual. Help your clients understand risks and benefits by using clear numbers and comparisons, and providing balanced, positive messages. Ask clients to show and tell you what they have learned. This is called using “teach-backs.” And finally, a client encounter should include a counseling and education approach that is interactive and engaging.

Provide information that is clear and easy to understand
► Whether you’re with a client, in a group, or writing materials, keep it simple! Substitute a short word for a long one: “use” instead of “utilize.” If you do use complicated terms, also say it more simply: “use it every time you have sex and always the right way.” Instead of “use birth control consistently and correctly.”

Use culturally and linguistically appropriate messages
► Don’t make assumptions about your clients’ beliefs, religion, or customs, but do ask — respectfully. Ask a question such as, “Is there anything I should know about you — about your culture, beliefs, or religious or other practices that would help me take better care of you?” This makes it clear that you’re asking so that you can better serve them, not just because you’re nosy.

Tailor information to the individual client
► Focus on your client’s needs and knowledge gaps. What are the 3 to 5 most important educational messages that this individual client should walk away with knowing? That’s as much as most of us will remember, so focus on those important messages. Highlight or circle these key points on any handouts you provide.

Share balanced information
► Present advantages and benefits of contraception as well as potential side effects, risks, and warnings in an accurate and unbiased way. Ensure clients know about the range of birth control options available. Using a neutral approach, ask about and explore concerns the client may have and sensitively correct any misinformation. For example, if you are talking about pills you can say “for most women pills are safe with no side effects. Some women do have side effects but often they go away or we can help manage them by changing the prescription.”

Use clear numbers and comparisons
► Frame your information with numbers use a consistent format and frame the information positively: For example, when talking about contraceptive effectiveness use “99 out of 100 women who typically use this method will not get pregnant.” Use simple graphs and visuals to help clients understand the information correctly.

Engage the client in an interactive conversation
► Actively engage your client by asking questions and giving information that your client needs to know. Use a question and answer style to help clients learn and remember important information. Ask “What questions do you have?” rather than, “Do you have any questions?” Use interactive teaching methods such as writing or circling tailored messages on your educational materials.

Use teach-backs to confirm understanding
► Ask clients to tell you, in their own words, what they’re going to do: “We’ve covered a lot today, so I want to be sure that I was clear. Can you tell me what you’ll do if you miss taking a pill?” Ask your clients to show you, as well. “I just showed how to put a condom on the model; now you try!” During teach-backs provide encouragement and respectfully correct mistakes.

Source: Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, 2014; Appendix E

Quality Family Planning
www.fpntc.org

May 2016

FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, DHHS, or FPNTC member organizations.
How Do I Choose?
Things to think about when choosing a birth control method

- What is important to me in a birth control method for me and my partner?
- How would I support my partner to take a pill every day?
- How could I support my partner to get a shot every 3 months?
- Would I consider sterilization?
- Do I need protection from STDs?
- How would I feel if my partner got pregnant?
- Will I use a condom every time?
- What would it be like to talk to my partner about birth control?
- Would I (could I) stop during sex to use a condom?
- How could I support my partner to get a shot every 3 months?
- Would I consider sterilization?
How Do I Choose?
Things to think about when choosing a birth control method

- What is really important to me in a birth control method?
- How will I do at taking a pill every day?
- How do I feel about putting something inside me?
- How would I feel if I got pregnant?
- How would I feel if my period changed? If I had spotting between periods, or no periods at all?
- What would it be like to talk to my partner about this?
- Would I (could I) stop during sex to use a condom?
- How would I feel if I got pregnant?
- How would I feel if my period changed? If I had spotting between periods, or no periods at all?
- How would I manage to get my shot every 3 months?
- Are there people in my life whose opinions I need to think about?
- Do I need protection from STDs?
- Would I consider sterilization?
- Is it okay if other people know I’m on birth control?

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Starting the Conversation

**Transitional statements** can help you move comfortably from addressing the client’s stated needs into assessing the need for other services.

**Examples:**

“Having a healthy pregnancy and baby starts with keeping your body healthy. I’d like to ask you some questions about your sexual health.”

“The same things that put you at risk for being pregnant may put you at risk for getting an STD. I’d like to ask you some questions about your sexual health.”

**A normalizing statement** helps put the client at ease and lets them know that a sexual health assessment is an important part of providing comprehensive services.

**Examples:**

“These questions may feel very personal, but know that we ask all clients these questions so that we can provide the best care possible.”

“I ask these questions at least once a year of all my clients because they are very important for your overall health.”

Helping the Client Feel Comfortable

Effective interviewing and counseling skills are essential to obtaining an accurate and complete sexual history. Providers should strive to establish and maintain client rapport throughout the assessment.

- **Show respect and compassion for the client**

- **Use open-ended questions**
  
  Example: “Tell me about any new sex partners you’ve had since your last visit.”

- **Use understandable, nonjudgmental language**
  
  Example: “Are your sex partners men only, women only, or both men and women?”

- **Use normalizing language throughout the assessment**
  
  Example: “Some of my clients have difficulty using a condom with every sex act. How is it for you?”

Sources:

Conducting a Sexual Health Assessment

Five Ps
You may find the “Partners” section is a comfortable place to begin your assessment, or you may find it is more natural to begin with another section based on that client's unique visit (for example, if the client came in for a pregnancy test, you might begin with Pregnancy Prevention).

Remember, these questions follow your transitional statement and/or introducing the reasons for asking these personal questions.

**Partners:** It might be necessary to define the term “partner” to the client or use other, relevant terminology. Remember: never make assumptions about the client’s sexual orientation.

Tell me about any current or recent partners you’ve had sex with?
If needed: To help me understand, do you have sex with men, women, or both?
In the past 2 months, how many partners have you had sex with? How about in the past 12 months?
Is it possible that any of your partners in the past 12 months had sex with someone else while still in a sexual relationship with you?
Is there anything else you'd like to tell me about your partner(s)?

**Past STD History:** Begin with “I’m going to ask you about past sexually transmitted diseases, because the likelihood of you getting an STD is higher if you or your partners have had one in the past.”

What STDs have you had in the past, if any?
Have any of your partners had an STD?

**Pregnancy:**
What are your current plans or desires regarding pregnancy?
If not wanting to be involved in a pregnancy: What are you doing to prevent pregnancy?
What’s been your experience with using your current method? OR Do you have a method in mind you might want to use?

**Practices:** Begin with “To understand your risks for STDs, I need to understand the kind of sex you have had recently.”

What kinds of sex do you have or have you had? (for example, oral sex, vaginal sex, anal sex, sharing sex toys)
Some clients may feel more comfortable with simple, direct questions:
Have you had vaginal sex, meaning penis in vagina? Have you had anal sex, meaning penis in rectum/anus? Have you had oral sex, meaning mouth on penis/vagina?
Is there anything else about your sexual practices that I need to know about to ensure I can provide you with good care?

**Protection from STDs:**
What do you do to protect yourself from STDs and HIV?
Tell me about your use of condoms when you have [vaginal, anal, oral] sex.
If a client uses condoms inconsistently: In what situations (or with whom) do you use condoms?
If a client never uses condoms: There are lots of reasons why people don’t use condoms; what might be your reasons?

**Concluding the Assessment:**
Is there anything else about your sexual practices and health that I need to know about to ensure I can provide you with good health care?
What other concerns or questions about your sexual health would you like to discuss?
Interactive Contraceptive Counseling and Education

Counseling is an interactive process that enables your client to make and follow through on decisions. Providing quality contraceptive counseling is an essential component of client-centered care. Counseling is a dialogue; it's a conversation. Counseling includes exploring the client's experiences, feelings and beliefs to help facilitate the client's decision making. The approach used in counseling is to help clients understand themselves better and to follow through on their decisions.

Education is an integral component of the counseling process that provides accurate information so that clients can make informed decisions. Information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client's beliefs and practices. The amount of information presented should be limited to essential points, and tailored to the needs and knowledge gaps of that individual. Education is never one-way; it should be interactive and engaging.

A quality client-centered counseling and education encounter is interactive, engaging, nonjudgmental and respectful of the client’s goals and preferences.

### Counseling

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you know about the different methods of birth control?</td>
<td>Let me show you this chart of methods and we can talk about the ones that might work for you.</td>
</tr>
<tr>
<td>What’s the most important thing for you in a birth control method?</td>
<td>If it’s most important that you don’t get pregnant right now, the most effective methods are the ones that have one procedure and then you can forget about them — like an IUD or an implant.</td>
</tr>
<tr>
<td>What methods have you used in the past… how did they work for you?</td>
<td>The most important way for a method to be effective is for you to be able to use it consistently and correctly — in other words — every time you have sex and always the right way.</td>
</tr>
<tr>
<td>It sounds like you’ve heard things about IUDs that make you worried…</td>
<td>We now have a lot of research that tells us that IUDs are really safe for most women.</td>
</tr>
<tr>
<td>How concerned are you about side effects with pills?</td>
<td>Often, if a woman has side effects with one pill a provider can make a change in her prescription…</td>
</tr>
<tr>
<td>What things might get in the way of you returning to the clinic to get your shot?</td>
<td>If you can’t make it to the clinic in time for your shot, be sure to have a backup plan — like having condoms around.</td>
</tr>
<tr>
<td>How might your partner feel about using a condom — every time you have sex?</td>
<td>Now that we’ve talked about condoms, tell me how you’d use condoms — step-by-step.</td>
</tr>
<tr>
<td>Before you leave, I just want to ask you — What do you know about Emergency Contraception?</td>
<td>EC is available over-the-counter now. Let’s circle (or write down) the name of a drug store near you where you could get EC anytime.</td>
</tr>
</tbody>
</table>

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